U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12829 2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Dorothy L Siniscalchi	Name International Union of Operating Engineers 478			
	Labor Organization File Number 042-729			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1965 Dixwell Avenue	Street 1965 Dixwell Avenue			
City Hamden	City Hamden			
State Connecticut: ZIP Code + 4 06514 .	State Connecticut ZIP Code + 4 06514			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests			
<u> </u>	sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Darthy Siniscelch.	On 8/12/2005 203/288-9261			
	Date Telephone Number			

Name of Person Filing Dorothy Siniscalchi		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name I.U.O.E. Local 478 Health Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1965 Dixwell Avenue  City Hamden  State Connecticut: ZIP Code + 4 06514	9. Business deals with:   a. Labor Organiza  b. Trust  c. Employer	ation	
10. If D.b. oz D.a. in absolved dive trust or ampleyeds some	11.a. Nature of such deal	ing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:		revides health ber dependents of mem	
P.O. Box, Bldg., Room No., if any	** See 2004 Forms	5500 and 990	
Street	11.b. Approximate dollar val	us of such dealing	
City	12.a. Nature of interest he		
State   Connecticut   ZIP Code + 4	Reimbursement of an Educational Se	expenses incurred	while attending
	12.b. Amount.		\$2,440
	re.s. Amount.		92,410
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
Name			
Trade Name, if any:			A constant of the constant of
P.O. Box, Bldg., Room No., if any			
Street			**************************************
City			- Control of the Cont
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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Name of Person Filing	Dorothy Siniscalchi		File Number U-	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name I.U.O.E. Local 478 Health Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Roorn No., if any	b. Trust	
Street 1965 Dixwell Avenue	c. Employer	
greet 1362 DIXMSII Avenue	Lucione de la constante de la	
City Hamden		
State Connecticut ZIP Code + 4 06514		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name I.U.O.E. Local 478	The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1965 Dixwell Avenue	**See Forms 5500 and 990	
City Hamden		
State Connecticut ZIP Code + 4 06514	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Salary	тофенциальный соод от тот 6,7960. Орган цеферсиальной болой 60 года, бы дафунгальное
		and the second s
	The second secon	
	12.b. Amount.	\$81,270

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Name of Person Filing Dorothy	Siniscalchi	File Number U-
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).		9. Business deals with:	
Name Schultheis & Panettier	i	a. Labor Organization	
Trade Name, if any:		a. Cabbi Organization	
P.O. Box, Bldg., Room No., if any	And the second of the second o	b. Trust	
Street 210 Marcus Boulevard	es a mongrorar esta esta esta esta esta esta esta esta	c. Employer	
City Hauppauge			
State New York	ZIP Code + 4 11788-3701		
10. If 9.b. or 9.c. is checked give trust or em	50ccccco	11.a. Nature of such dealing.	
Name I.U.O.E Local 478 Health Fund		Schultheis & Panettieri, LLP provides the Fund with audit and consulting services	
Trade Name, if any:	Andrew or was a september of a constant of the		
P.O. Box, Bldg., Room No., if any			
Street 1965 Dixwell Avenue		The state of the s	
City Hamden			
State Connecticut	ZIP Code + 4 06514	11.b. Approximate dollar value of such dealing.	\$62,982
		12.a. Nature of interest held or income received.	
		Business lunch attended	
		WHITE AND ADDRESS	
		and the state of t	
		Recommendation	
		12.b. Amount.	\$28